



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**D3915-041**  
**Job Sheet 188096**



Part No: D3915-041

Job Qty: 1 ea

Part Name: Light Lid Assembly, Long Basket



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 1/3/19

Job Tracking No:

Due Date: 1/11/19

Created By: Marie Lajeunesse

Type: Stock

Description:

**Note:** DWG REV F SHEETS 1,2,3 IPP Rev:A new issue DD 10.03.19 verified by:EC IPP Rev:B as per dwg revB DD 10.04.20 verified by:EC IPP Rev:C add realodine DD 10.04.26 verified by:EC IPP Rev:D as per dwg revC DD 10.08.18 verified by:EC IPP Rev:E 13.07.08 as per dwg rev.D DD verf:JLM IPP REV:D 13.08.21 DWG REV.E / ECN 13-624 DD VERF:JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |       |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 1 Ea  | 1/11/19    | 1/11/19  | 0.00      | 0.00    | Start Up Large Fab-5  |           | CPL         |
| 100   | Large Fab          | 1 pcs | 1/11/19    | 1/11/19  | 0.00      | 3.33    | Large Fab 2           |           | CPL         |
| 110   | QC                 | 1 pcs | 1/11/19    | 1/11/19  | 0.00      | 0.00    | QC9                   |           | DR 19/01/10 |
| 120   | QC                 | 1 pcs | 1/11/19    | 1/11/19  | 0.00      | 0.00    | QC5                   |           | CPL         |
| 130   | HandFinish         | 1 pcs | 1/11/19    | 1/11/19  | 0.00      | 1.00    | HandFinish1           |           | CPL         |
| 140   | Large Fab          | 1 pcs | 1/11/19    | 1/11/19  | 0.00      | 3.33    | Large Fab 2           |           | CPL         |
| 150   | QC                 | 1 pcs | 1/11/19    | 1/11/19  | 0.00      | 0.00    | QC9                   |           | CPL         |
| 155   | QC                 | 1 pcs | 1/11/19    | 1/11/19  | 0.00      | 0.00    | QC5                   |           | CPL         |
| 157   | HandFinish         | 1 pcs | 1/11/19    | 1/11/19  | 0.00      | 1.00    | HandFinish1           |           | CPL         |
| 160   | Powdercoat         | 1 pcs | 1/11/19    | 1/11/19  | 0.00      | 0.83    | Powdercoat1           |           | CPL         |
| 170   | QC                 | 1 pcs | 1/11/19    | 1/11/19  | 0.00      | 0.00    | QC3                   |           | CPL         |
| 180   | HandFinish         | 1 pcs | 1/11/19    | 1/11/19  | 0.00      | 0.81    | HandFinish4           |           | CPL         |
| 190   | QC                 | 1 pcs | 1/11/19    | 1/11/19  | 0.00      | 0.00    | QC5                   |           | CPL         |
| 200   | Packaging          | 1 pcs | 1/11/19    | 1/11/19  | 0.00      | 0.00    | Packaging3-2          |           | CPL         |
| 210   | QC21-SA            | 1 Ea  | 1/11/19    | 1/11/19  | 0.00      | 0.00    | QC21                  |           | CPL         |

Part Op 100 - 1- assemble ribs , weld as per dwg D3915 using DT9606A. When welding D4019-3, weld top and bottom then make Descriptions: a small hole in the weld to let air out. Then weld remaining sides of D4019-3 Rib. Let it cool down, then block holes with weld. \*\*\*\*DO NOT WELD THE (4) CORNERS. GRIND OFF CORNERS TO HAVE A 1/8" GAP TO GET THE ACID AND ALODINE OUT OF BASKET LID FRAME\*\*\*\* 2- weld hinge, label plate and Mounting plates as per dwg D3915

120 - -Scribe Dart P/N and B/N as per dwg. Using 0.13 (minimum) high lettering per QSI 044 6.4

130 - \*\*\*ENSURE TO RINSE CAREFULLY ACID AND ALODINE\*\*\*

140 - 1- weld (4) corners

155 - \*\*\*inspect fit of lid with base\*\*\*

157 - 1- realodine corners \*\*\*do not acid etch\*\*\*

160 - 1- touch up corner with alodine only 2- Plug holes prior to finish 3-Mask this area prior to finish View B-B 1ST COAT: START TIME: 8:35 OVEN TEMPERATURE: 320 FINISH TIME: 9:05 \*\*\*\*\* 2nd coat if necessary \*\*\*\*\* 2ND COAT: START TIME: 9:20 OVEN TEMPERATURE: \_\_\_\_\_ FINISH TIME: \_\_\_\_\_

180 - 1- Install webbing as per dwg 2- Install placard and label as per dwg

### Job BOM

| Part / Item | Component Name | Quantity | Operation | Container |
|-------------|----------------|----------|-----------|-----------|
|-------------|----------------|----------|-----------|-----------|



Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
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| <b>Job:</b> _____<br><b>Part No.</b> _____                                                                                                                                                                                                                                                                                                                                          |                                                          | <b>DISPOSITION</b><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            | <b>DEPARTMENT/PROCESS</b><br>Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Large Fab <input type="checkbox"/><br>Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Eng. (Non-AW) <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Engineering <input type="checkbox"/><br>Water Jet <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Quality <input type="checkbox"/> |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <b>Date :</b> _____                                                                                                                                                                                                                                                                                                                                                                 |                                                          | <b>Sequence #:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            | <b>QTY Affected :</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | <b>MRB (QSI042)</b> |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <b>Description Work Order Deviation</b>                                                                                                                                                                                                                                                                                                                                             |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>Disposition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>Completed By</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>Lead hand / Supervisor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>QC / QA Coordinator</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <b>Root Cause</b><br>Operator <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Preservation <input type="checkbox"/><br>Material <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Human Factors <input type="checkbox"/> |                                                          | <b>FAULT CATEGORY</b><br><table border="0"><tr><td><input type="checkbox"/> Pressure/Forced</td><td><input type="checkbox"/> Contamination</td><td><input type="checkbox"/> Power Loss/Surge</td><td><input type="checkbox"/> Positioned Wrong</td></tr><tr><td><input type="checkbox"/> Bending</td><td><input type="checkbox"/> Misaligned/off center</td><td><input type="checkbox"/> Folio/Program</td><td><input type="checkbox"/> Outside Tolerance</td></tr><tr><td><input type="checkbox"/> Crushing</td><td><input type="checkbox"/> BOM/Route</td><td><input type="checkbox"/> Grain Direction</td><td><input type="checkbox"/> Drawing</td></tr><tr><td><input type="checkbox"/> Cracks</td><td><input type="checkbox"/> Broken/Damage/Defect</td><td><input type="checkbox"/> Weld</td><td><input type="checkbox"/> Finish</td></tr><tr><td><input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist</td><td><input type="checkbox"/> Incomplete/Unclear Instructions</td><td><input type="checkbox"/> Wrong Stock Pulled</td><td><input type="checkbox"/> Part Lost/Missing</td></tr><tr><td><input type="checkbox"/> Marks/Chatter</td><td><input type="checkbox"/> Drill Holes</td><td><input type="checkbox"/> Out of Sequence</td><td><input type="checkbox"/> Misread</td></tr><tr><td><input type="checkbox"/> Mislabeled</td><td><input type="checkbox"/> Fit/Function</td><td><input type="checkbox"/> Off-set/Set-up</td><td></td></tr></table> |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  | <input type="checkbox"/> Pressure/Forced | <input type="checkbox"/> Contamination | <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Positioned Wrong | <input type="checkbox"/> Bending | <input type="checkbox"/> Misaligned/off center | <input type="checkbox"/> Folio/Program | <input type="checkbox"/> Outside Tolerance | <input type="checkbox"/> Crushing | <input type="checkbox"/> BOM/Route | <input type="checkbox"/> Grain Direction | <input type="checkbox"/> Drawing | <input type="checkbox"/> Cracks | <input type="checkbox"/> Broken/Damage/Defect | <input type="checkbox"/> Weld | <input type="checkbox"/> Finish | <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled | <input type="checkbox"/> Part Lost/Missing | <input type="checkbox"/> Marks/Chatter | <input type="checkbox"/> Drill Holes | <input type="checkbox"/> Out of Sequence | <input type="checkbox"/> Misread | <input type="checkbox"/> Mislabeled | <input type="checkbox"/> Fit/Function | <input type="checkbox"/> Off-set/Set-up |  |
| <input type="checkbox"/> Pressure/Forced                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Contamination                   | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Positioned Wrong  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Bending                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Misaligned/off center           | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Outside Tolerance |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Crushing                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> BOM/Route                       | <input type="checkbox"/> Grain Direction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Drawing           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Cracks                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Broken/Damage/Defect            | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Finish            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Crimp/Kink/Ripple/Wave/Twist                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Incomplete/Unclear Instructions | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Part Lost/Missing |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Marks/Chatter                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Drill Holes                     | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Misread           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
| <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Fit/Function                    | <input type="checkbox"/> Off-set/Set-up                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                          | <b>Other/Details:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                     |  |                                          |                                        |                                           |                                           |                                  |                                                |                                        |                                            |                                   |                                    |                                          |                                  |                                 |                                               |                               |                                 |                                                       |                                                          |                                             |                                            |                                        |                                      |                                          |                                  |                                     |                                       |                                         |  |

|               |                               |               |                       |
|---------------|-------------------------------|---------------|-----------------------|
| D2957         | Mounting Plate                | 4 pcs (4 ea)  | 90-Start up Operation |
| D3915-1       | Rib                           | 2 Ea (2 ea)   | 90-Start up Operation |
| D4016-5       | Hinge Half, Light Lid         | 3 pcs (3 ea)  | 90-Start up Operation |
| D4019-3       | Rib                           | 3 pcs (3 ea)  | 90-Start up Operation |
| D4035-047     | Lid Rib Assembly, Aft (Light) | 2 pcs (2 ea)  | 90-Start up Operation |
| D4056-1       | Label Plate                   | 1 pcs (1 ea)  | 90-Start up Operation |
| D2728-1       | Dart Logo Label Small         | 1 pcs (1 ea)  | 180-HandFinish        |
| D4029-041     | Webbing (Long Basket)         | 1 Ea (1 ea)   | 180-HandFinish        |
| MS20600-AD4W4 | Rivet                         | 34 Ea (34 ea) | 180-HandFinish        |
| NAS1149DN949J | Washer                        | 34 Ea (34 ea) | 180-HandFinish        |

5083647  
 5084074  
 5039258  
 5084469  
 5085093  
 5067108  
 1214  
 5145686  
 5141237  
 5050054

### Job Allocations

007734

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | D2957          | 4        | 41        | 0         |
|                       | D3915-1        | 2        | 2         | 0         |
|                       | D4016-5        | 3        | 23        | 0         |
|                       | D4019-3        | 3        | 14        | 0         |
|                       | D4035-047      | 2        | 2         | 0         |
|                       | D4056-1        | 1        | 13        | 0         |
| 180-HandFinish        | D2728-1        | 1        | 0         | 0         |
|                       | D4029-041      | 1        | 1         | 0         |
|                       | MS20600-AD4W4  | 34       | 4,992     | 0         |
|                       | NAS1149DN949J  | 34       | 342       | 0         |

### Part Specifications

Specifications could not be found.



Entered: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / ROUTE UPDATE

NCR No. \_\_\_\_\_

Route update only ☐

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------|
| Job: _____<br><br>Part No. _____                                                                                                                                                                                                                                                                                                                                                        | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> | <b>DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/> </div> <div>           Eng. (Non-AW) <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Water Jet <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Quality <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |                        |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                            | Sequence #: _____                                                                                                                 | QTY Affected : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  | MRB (QSI042)           |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                   | <div style="text-align: center;"> <br/> <b>Container No: S142608</b><br/> <b>Part: D3915 - 041</b><br/> <b>Job No: 188096</b><br/> <b>Serial No/Batch: S142608</b><br/> <small>Inspector: F<br/>Exp Date:<br/>Instructions: Various STC's</small><br/> <small>Date: 01/08/19</small> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  | Completed By           |
|                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  | Lead hand / Supervisor |
|                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  | QC / QA Coordinator    |
| <b>Root Cause</b><br><br>Operator <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Preservation <input type="checkbox"/><br>Material <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Human Factors <input type="checkbox"/> |                                                                                                                                   | <div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Cracks <input type="checkbox"/> </div> <div>           Crimp/Kink/Ripple/Wave/Twist <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/> </div> <div>           Incomplete/Unclear Instructions <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           /Program <input type="checkbox"/><br/>           n Direction <input type="checkbox"/><br/>           d <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set/Set-up <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Tolerance <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Misread <input type="checkbox"/> </div> </div> |  |  |                        |
| Other/Details:                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                   | _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |                        |